Use this form for general report and committee information, must be signed and submitted alon	☐ Yes ☐ No
	g with other detailed forms.
Do not use this form to update information.	
1. Committee Information a. Full Name	《新疆》
\mathcal{L}	c. ID Number
Derek G. Smith	
	d. Date Filed
275 Hardin Rd.	9-29-15
Forest City NC 28043	e. Phone Number
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasure	r Full Name
2015 7-28-15 9-22-15 Babert	
6. Type of Committee (Check One) 9. Type of Report (check only one type of report)	Iravis McEntyre
	Referendum
PAC Referendum Organizational Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly	Pre-referendum
☐ Legal Expense Fund ☐ Pre-primary ☐ First	Final
Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-runoff Third Booster Fund Semi-annual Fourth	Annual
Booster Fund Semi-annual Fourth Building Fund Mid Year Semi-annual	Special
	10. Special Report Name
Other: Final Year End	10. Special Report Name
8. Number of Fundraisers this Report	
□ Special	4
11. Account Information 11. Account Information	医伊里纳斯曼氏性医皮肤 经营
a. Financial Institution Full Name	
SECU	
b. Purpose c. Account Code b. Purpose	c. Account Code
0	
(ammica In.	
	d. Period Begin Balance
\$ 205.00	\$
CERTIFICATION	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B	& 22D-22M of Chapter 163
of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed fur	nds. I further certify that this
report is complete, true and correct and that I have been trained by the NC State Board of Elections.	
	1
Printed Name of Signer Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	
Date Received: 9-29-15 Employee: DR . Deli	very Method
Date Received: Employee: Den	Normal Mail
	Registered Mail
	Hand Delivered
Date Scanned: Employee:	Electronically Filed
	Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the com-	

assistant treasurer, custodian of books information, or account information.

Detailed Summary

Amendment ☑ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 205.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) 634,32 \$ \$ 7) Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 06 \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures \$20.28 (CRO-1310) 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee \$ \$ (CRO-1320) 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support \$ (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

Cont	ributions f	rom Individua	ıls	Pσ	of	Amendment Yes No	
Use thi	s form to report i	ndividual contribution	ons over \$50 or c	ontributions und		RO 1205 is not used	
1. Com	ımittee Full Nan	ne (and Fund if app	licable)			2. ID Number	
D	perek (a. Smith	`				
	tributor Inform			Add Rei	move		
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. Comments	
	le city, state, & zip)			-			
3	REK. G.S	m: 7#		c. Employer's Nar	ne/Specific Field		
974	SHARDE!	nmey		1,	opeeme rieu		
						e. Election Sum to Date	
FOREST C: JY, N. C. 28043 \$ 46.37							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount	
			howE's	V	9-3-15	\$ 15.37	
			Suppl	ies	9.5.15	\$ 46.59	
			Sup	oties	9515	- \$ 5.10	
	tributor Inform				nove		
	ame, Mailing Addro	ess & Phone		b. Job Title/Profes	ssion	d. Comments	
	le city, state, & zip)						
CHI	ick Sur 5 GEORG	nmey		c. Employer's Nar	ne/Specific Field		
24:	GEORG	a Aue					
FOR	EST CIT	4 , V C. 2804	13			e. Election Sum to Date	
•						\$240.00	
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	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments	
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1204	DOUE L	a.1		c. Employer's Nan	ne/Specific Field		
160	DOUE 2	.,,					
Rui	HETFORD.	TON, N.C 28	3139			e. Election Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In Vind Day			\$ 378.95	
	g. Account Code	n. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount	
<u> </u>		CHECK			8/10/15	\$ 378.95	
						\$	
	10					\$	
	al only this Pa					\$	
		O-1210 Pages of Detailed Summary Pa	age CRO-1100)		686.01 (\$ 634.32	
CRO-12			NC State Boar	rd of Elections	000.011	April 2007	

Committee Full Manage	110-110	. i.e. interest inco	ome, not for pro	fit contributions etc.
. Committee Full Name (and Fund	1 if applicable)			2. ID Number
Type of Receipt Source (Please	uso sangenta CDO 126	0 F F	L. CD	
Type of Receipt Source (Please Interest Cont	tributions from Not-for-Profi	t Organizations		e Sources of Income
. Contributor Information	The state of the s		emove	e Sources of Income
. Full Name, Mailing Address & Phone		b. Not-for-Profit		d. Comments
(include city, state, & zip)				- Marie Madria
SECU		c. Outside Source	Fynlanation	
00000		C. Guiside Boure	e Explanation	
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(include city, state, & zip)				
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TY' I		
Dist	ursements	è

i	\circ	Amendment	
Pg	of <u></u>	Yes Yes	□ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and Fun	d if applicable)	· · · · · · · · · · · · · · · · · · ·			2. ID Number
Dere		mith	1			
3. Type of Dis	bursement (Please	e use separate Ci	RO-1310 f	orms for e	ach type of Disb	ursement.)
Operating Ex		ntributions to Candid	ates/Political	Committees	☐ Coo.	rdinated Party Expenditures
4. Payee Infor				Add	Remove	
	Mailing Address & Ph	none	b	. Coordinate	ed Committee Name	d. Comments
(include city, state	e, & zip)					
Prom	otions R-1	115		Tanal Dani	1/5 16	
1 (0.7.		20013		Federal	stered (Specify) County:	
Forest	City NC	78047	1.	State		lity: e. Election Sum to Date
						s 378.95
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mr	n/dd/yyyy)	j. Amount	k. Required Remarks
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4. Payee Infor	mation			Add	Remove	
	ling Address & Phone				ed Committee Name	d. Comments
(include city, sta					ca commutee runic	u commens
Sinn	< Sugar	01.00.00	Diagram			
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14.54A	P graph	lics .	´ [Federal	County:	Section of Section (Section)
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Onl	ine. Cha	inothe N				s 295.47
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	ling Address & Phone		b	. Coordinate	ed Committee Name	d. Comments
(include city, sta	ite, & zip)		3 1 2 2			1
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5. Total only tl	nis Page				2007	\$
6. Total of AL	L CRO-1310 Pages				1000000	MC22/
	n line 13a of Detailed Sur	nmary Page CRO-1	100 if Operat	ing Expense	25)	753,36
	n line 13b of Detailed Sur					Showing On All
	n line 13c of Detailed Sun					WILL STORY
7. Purpose C	odes (List detailed	expenditure cod	e in (h.) ab	oove)		《大学》
A* - Media	B* - Printi	ng		draising	D - To A	Another Candidate
E - Salaries	F* - Equip			ical Party		olding Public Office Expenses
I - Postage	J - Penalti	es	K* - Off	ice Expen	ses Q* - Do	onation to Legal Expense Fund
O* Other	no dotailed and			-110		
Coues requi	re detailed explanat	ion in required :	remarks fi	ieia (K)		The second secon

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11	10	h	III	CO	m	en	to
v	12	v	uı	20	ш	CH	ro

	1	1	Am	endment	
Pg	r	of d	$\subseteq \square$	Yes	□ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

3. Type of Disbursement Clease use separate CRO-1310 forms for each type of Disbursement.	to Date
Operating Expenses	to Date
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments c. Level Registered (Specify) Federal County: b. Coordinated Committee Name d. Comments c. Level Registered (Specify) Federal County: c. Level Registered (Specify) J. Amount S. H. G. Supplement b. Purpose Code J. Date (mm/dd/yyyy) J. Amount S. H. G. Supplement c. Level Registered (Specify) J. Amount J. Add Remove d. Comments d. Co	to Date
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify) Gounty: Goun	
c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum State Municipality: e. Election Sum State State Municipality: e. Election Sum State Municipality: e. Election Sum State State State State State State State State State State Add Remove Required Remark State State Registered (Specify) Federal County: State Municipality: e. Election Sum State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat	
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4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments c. Level Registered (Specify) G. Election Sum state Municipality: e. Election Sum state	ies lies
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(include city, state, & zip) C. Level Registered (Specify) Federal County: Municipality: e. Election Sum State Municipality: e. Election Sum State State	1.204
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Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 8-14 S 11.19 Supply 4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) SECU. c. Level Registered (Specify) Federal County:	o Date
Separation Supply	
4. Payee Information Supply Add Remove b. Coordinated Committee Name d. Comments (include city, state, & zip) SECU. c. Level Registered (Specify) Federal County:	
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f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
8-12-15 s 3,50 .	
S	
5. Total only this Page	68 V
6. Total of ALL CRO-1310 Pages	-05 W
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	Qp
7. Purpose Codes (List detailed expenditure code in (h.) above)	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Offi	
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal E O* Other	
* Codes require detailed explanation in required remarks field (k)	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/politics committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number 2. ID Number 3. Type of Disbursement	No
1. Committee Full Name (and Fund if applicable) 2. ID Number Committee Full Name (and Fund if applicable) Committee Full Name (and Fund if applicable) Committee Full Name (and Fund if applicable) Contributions to Candidates/Political Committees Coordinated Party Expenditures	al
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses	H-
Operating Expenses	
Operating Expenses	
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Level Registered (Specify)	-201
C. Level Registered (Specify) Federal	
F. Account Code State Municipality: E. Election Sum to Date of Date	
Federal County: State Municipality: e. Election Sum to Date of Date	
Federal County: State Municipality: e. Election Sum to Date of Date	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount \$ k. Required Remarks \$ o O O 4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name c. Level Registered (Specify) Federal State Municipality: e. Election Sum to Date State S	Zgnew
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5. Total only this Page S	
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	79
general grant of the state of t	20
7. Purpose Codes (List detailed expenditure code in (h.) above)	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Ex	
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expen	

In-Kind Contributions		D.,	of	1	Amendment
Use this form to report non-monetary contributions, donations	s, good	Pg s or services provi		ittee c	Yes No
Use CRO-1215 if In-Kind Contributions were or will be	e refun	ded within 7 day	'S.		r rund.
1. Committee Full Name (and Fund if applicable)				2. 1	D Number
Derek G. Smith					
3. Contributor Information		Add Ren			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contrib	utor	c. C	omments
		Individual Candidate			
DEREK G. SMITH 275 HARDIN RD		Party			
275 HARDIM RY		PAC			
FOREST CITY, N.C. 28043		Referendum Other Receipt	Source	d. E	lection Sum to Date
*		_ Onici Reccipi	Source	\$	15.37 46-37
e. Description	D.		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Supplies		\checkmark	9/3-15		\$ 15.37
Supplies			9-5-1	5	\$46,59
Syndies			9-5-10	<u>-</u>	\$ 510
3. Contributor Information	55	Add Ren	nove		
a. Full Name, Mailing Address & Phone		b. Type of Contrib	1222	c. C	omments
(include city, state, & zip)		Individual			
		Candidate Party			
		PAC			
		Referendum		d. E	lection Sum to Date
		Other Receipt	Source	\$	
e. Description	District Section		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
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3. Contributor Information		Add Ren	nove	2/ 0	
a. Full Name, Mailing Address & Phone	KI ZE	b. Type of Contrib	utor	c. C	omments
(include city, state, & zip)		Individual Candidate			
		Party			
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4. Total only this Page				\$	- 12
5. Total of ALL CRO-1510 Pages	- 10 - 10				
(This line must be on line 17 of Detailed Summary Page CRO-11	100)			\$	15.37 1070